



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 3037

Bib Data Sheet

|  |   |                               |   |                                   |
|--|---|-------------------------------|---|-----------------------------------|
| <b>SERIAL NUMBER</b><br>10/801,302   | <b>FILING OR 371(c) DATE</b><br>03/17/2004<br><b>RULE</b>   | <b>CLASS</b><br>132           | <b>GROUP ART UNIT</b><br>3732   | <b>ATTORNEY DOCKET NO.</b><br>SHE |
| <b>APPLICANTS</b><br>Deborah Shelley, Newark, NJ;  |   |                               |   |                                   |
| <b>** CONTINUING DATA *****</b>  |   |                               |   |                                   |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |                                   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 06/01/2004  |   |                               |   |                                   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> |   | <b>STATE OR COUNTRY</b><br>NJ | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>19         |
|  |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>3    |
| <b>ADDRESS</b><br>20238  |   |                               |   |                                   |
| <b>TITLE</b><br>TEMPLATE AND METHOD FOR APPLYING MAKEUP TO EYEBROWS  |   |                               |   |                                   |
| <b>FILING FEE RECEIVED</b><br>385  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                   |